



ASC Utilization Report  
State Form 49933 (R3/6-05)  
Indiana State Department of Health  
Acute Care

Status: Finalized

I. Center Identification

Organization Name: MULTI SPECIALTY SURGERY CENTER

Street Address: 10601 N. Meridian St., Ste. 100

City: Carmel

County: Hamilton

Administrator Name: Melissa Dorsey

Administrator Email: mdorsey@iuhealth.org

ASC Web Address: N/A

Fiscal Year: 2021

Accredited:  Yes  No

Name of Accrediting Body: AAAHC

Deemed Status:  Yes  No

Corporate Tax Status:  For Profit  Non Profit

II. Identification of Surgical Resources

|                           |   |
|---------------------------|---|
| Number of operating rooms | 3 |
| Number of procedure rooms | 0 |

III. Utilization Statistics

| A. Total Patients and Procedures |                    |                      |
|----------------------------------|--------------------|----------------------|
| Time Period                      | Number of Patients | Number of Procedures |
|                                  |                    |                      |

|   |                         |      |
|---|-------------------------|------|
| Persons Served in twelve-month period                     | 2300                    | 3077 |
| <b>B. Ten Most Frequent Surgical Procedures Performed</b> |                         |      |
| <b>CPT Code</b>   | <b>Total Procedures</b> |      |
| 67042   | 284                     |      |
| 67108   | 242                     |      |
| 67113   | 204                     |      |
| 31622   | 109                     |      |
| 58662   | 82                      |      |
| 67107   | 73                      |      |
| 31541   | 58                      |      |
| 69645   | 55                      |      |
| 42505   | 51                      |      |
| 67040   | 49                      |      |

**IV. Outcomes from Surgical Procedures**

|  |   |
|--|---|
| Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter. | 0 |
|--|---|